

The agency requests a standards compliance audit when the facility administrator believes the agency or facility has met or exceeded the compliance levels required for accreditation (100 percent mandatory; 90 percent nonmandatory).

Standards Compliance Audit

The agency's request for an audit is made six to eight weeks before the desired audit dates. The purpose of the audit is to have the visiting committee measure the agency's operation against the standards based on the documentation provided by the agency. A visiting committee completes the audit and prepares a visiting committee report for submission to the Commission. ACA designates a visiting committee chair to organize and supervise the committee's activities.

Prior to arrival at the audit site, each member of the visiting committee reviews the agency's descriptive narrative and any additional information that ACA may have provided, including pending litigation and court orders submitted by the agency and any offender correspondence. The visiting committee chair makes audit assignments to each auditor. For example, one auditor may audit the administrative, fiscal, and personnel standards/expected practices, while another audits standards/expected practices for physical plant, sanitation, and security. Upon arrival, the visiting committee meets with the administrator, accreditation manager, and other appropriate staff to discuss the scope of the audit and the schedule of activities. This exchange of information provides for the development of an audit schedule that ensures the least amount of disruption to routine agency operations.

The exact amount of time required to complete the audit depends on agency size, the number of applicable standards/expected practices, additional facilities to be audited, and accessibility and organization of documentation. To hasten the audit, all documentation should be clearly referenced and located where the visiting committee is to work.

The accreditation manager's responsibilities include compiling and making accessible to all visiting committee members the standards compliance documentation and release-of-information forms for personnel and offender records. Also, staff should be notified beforehand to ensure that they are available to discuss specific issues or conduct tours of the facility for the visiting committee.

During the audit, the members of the visiting committee tour the facility, review documentation prepared for each standard/expected practice, and interview staff and offenders to make compliance decisions. The visiting committee reports its findings on the same compliance checklist used by the agency in preparing its self-evaluation report. All members of the visiting committee review all mandatory standards/expected practices, all areas of noncompliance and nonapplicability, with decisions made collectively. (Final decisions on waivers can be approved only by the Commission at the time of the agency's accreditation hearing.)

Interviewing staff and offenders is an integral part of the audit. In addition to speaking with those who request an interview with the team, the members of the visiting committee select other individuals to interview and with whom to discuss issues. Interviews are voluntary and occur randomly throughout the audit, and those interviewed are ensured that their discussions are confidential.

In addition to auditing standards/expected practices documentation, auditors will evaluate the quality of life or conditions of confinement. An acceptable quality of life is necessary for an agency to be eligible for accreditation. Factors that the visiting committee consider include: the adequacy and quality of programs, activities, and services available to offenders and their involvement; occurrences of disturbances, serious incidents, assaults, or violence, including their frequency and methods of dealing with them to ensure the safety of staff and offenders or juveniles; and overall physical conditions, including conditions of confinement, program space, and institutional maintenance related to sanitation, health, and safety.

At the conclusion of the audit, the visiting committee again meets with the administrator, the accreditation manager, and any others selected by the administrator to discuss the results of the audit. During this exit interview, the visiting committee reports the compliance tally and all findings of noncompliance and nonapplicability, as well as preliminary decisions on waivers, stating the reasons for each decision.

The chair of the visiting committee then prepares and submits a copy of the visiting committee report to ACA staff within 10 days of the completion of the audit. ACA staff review the report for completeness, enter the data, and within 15 days of the audit's completion, it is submitted to the agency administrator and other members of the visiting committee for concurrence. Upon receipt of the visiting committee report, the agency has seven days to submit its written response to the report to ACA staff and the chairperson of the visiting committee.

The Accreditation Hearing

The Commission on Accreditation for Corrections is responsible for rendering accreditation decisions and is divided into accreditation panels authorized to render such decisions. Panels meet separately, or with a full board meeting, and are composed of three to five commissioners.

The agency is invited to have representation at the accreditation hearing. Unless circumstances dictate otherwise, a member of the visiting committee is not present; however, an ACA staff member does participate. At the accreditation hearing, the agency representative provides information about the agency, speaks in support of its appeal and/or waiver requests, and addresses concerns the panel may have with regards to the accreditation application.

After completing its review, the accreditation panel votes to award or deny accreditation or continue the agency in Candidate or Correspondent Status, or place an agency on probation. When an agency receives a three-year accreditation award, a certificate with the effective date of the award is presented to the agency representative.

The Board of Commissioners may stipulate additional requirements for accreditation if, in its opinion, conditions exist in the facility or program that adversely affect the life, health, or safety of the staff or offenders. These requests are specific regarding activities required and timeliness for their completion. The panel advises the agency representative of all changes at the time the accreditation decision is made.

ACA and the Commission may deny accreditation for insufficient standards/expected practices compliance, inadequate plans of action, or failure to meet other requirements as determined by the Commission, including, but not limited to, the conditions of confinement in a given facility. In not awarding accreditation, the Commission may extend an agency in Candidate Status for a specific period of time and for identified deficiencies, if in its judgment the agency is actively pursuing compliance. Those agencies denied accreditation, but not extended in Candidate Status, may reapply for accreditation after 180 days. The agency receives written notification of all decisions relative to its accreditation following the accreditation hearing.

Accredited Status

During the three-year accreditation period, ACA requires that accredited agencies submit annual certification statements confirming continued standards/expected practices compliance at levels necessary for accreditation. The report should include the agency's progress on completing plans of action and other significant events that may affect the accreditation award. In addition, ACA may require accredited agencies to submit written responses to public criticism, notoriety, or patterns of complaints about agency activity that suggest a failure to maintain standards/expected practices compliance. The Association, at its own expense and with advance notice, may conduct on-site monitoring visits to verify continued standards/expected practices compliance or conditions of confinement.

Reconsideration Process

The goal of ACA's accreditation process is to ensure the equity, fairness, and reliability of its decisions, particularly those that constitute either denial or revocation of Accredited Status. Therefore, an agency may request reconsideration of any denial or revocation of accreditation. However, the reasonableness of ACA's standards, criteria, and/or procedures for accreditation may not serve as the basis for reconsideration.

A reconsideration request is based on the grounds that the adverse decision is (1) arbitrary, erratic, or otherwise in substantial disregard of the criteria and/or procedures for accreditation as stated by ACA, (2) based on incorrect facts or an incorrect interpretation of facts, or (3) unsupported substantial evidence.

The agency submits a written request for reconsideration to ACA staff within thirty days of the adverse decision stating the basis for the request. The Commission's Executive Committee reviews the request and decides whether there is sufficient evidence to warrant a reconsideration hearing before the Board of Commissioners. The agency is notified in writing of the Executive Committee's decision.

Revocation of Accreditation

An accredited agency that does not maintain the required levels of compliance throughout the three-year accreditation period, including continuous compliance with all mandatory standards/expected practices, may have its accreditation award revoked. The agency is notified of its deficiencies and given a specified amount of time to correct them. If the deficiencies continue, the Board of Commissioners may place the agency on Probationary Status for an additional stated period of time and require documentation of compliance. Should the agency fail to correct the deficiencies, the Board of Commissioners may revoke the agency's accreditation and request that the accreditation certificate be returned to ACA. An accredited agency that has had its accreditation revoked for reasons of non-compliance also may use the reconsideration process.

Reaccreditation

To ensure continuous Accredited Status, accredited agencies should apply for reaccreditation approximately twelve months before the expiration of their current accreditation award. Agencies have the option of being audited from individual accreditation files or operational files. For detailed information on reaccreditation, consult your ACA regional administrator.

The preceding information is provided as an overview of the accreditation process. Additional information on specific procedures and elements of the process is available from ACA's Standards and Accreditation Department.

Performance-Based Standards Explained

The performance-based health care standards and expected practices included in this manual are the result of a new, major initiative undertaken by the American Correctional Association to improve the delivery of health care to offenders within the correctional environment using the concept and the new template for performance based standards. Conceived and developed by health care professionals, these revised standards, practices, and outcome measures will enable administrators and practitioners to not only monitor health care activities but also to *measure* over time the outcomes of their efforts.

More than five years in the making, the American Correctional Association unveiled its first set of performance-based standards in August 2000. Partially funded by the Bureau of Justice Assistance (BJA), U.S. Department of Justice, *Standards for Adult Community Residential Services, 4th edition* is the prototype that will guide the eventual development of all ACA standards manuals.

I. The Basics

The Bottom Line—What's Different?

Table 1 describes the relationship between the elements of current standards and the new performance-based standards.

TABLE 1: Comparing the Elements of Performance-Based Standards, Previous ACA Standards and Accreditation Terms

New Performance-Based Element	Previous Standards Element	Previous Accreditation Element
Standard	None (new element)	None (new element)
Outcome Measure	None (new element)	None (new element)
Expected Practice	Standard	Standard
Comment	Comment	Comment
Protocol	None (new element)	Primary Documentation
Process Indicator	None (new element)	Secondary Documentation

When Is a Standard No Longer a Standard?

As Table 1 suggests, the biggest *change* in terminology is what we used to call “standards,” all of which have been reclassified as “expected practices.” The reason for this change reveals the fundamental difference between prior standards and ACA’s new performance-based standards.

What Does This Mean for Accreditation?

Guided by a summary of significant incidents and a report that examines conditions of confinement, the Commission on Accreditation for Corrections currently examines issues that affect the life, health, and safety of staff and offenders. As data is collected for the new outcome measures, the Commission will have more information about *actual* and ongoing operations. More important, *you* will have an important new management tool.

II. The Fundamentals of Performance-Based Standards

ACA's performance-based standards are comprised of several elements:

- GOAL STATEMENT (one for each functional area)
- PERFORMANCE STANDARDS (as many as are needed to achieve the goal)
- OUTCOME MEASURES for each performance standard
- EXPECTED PRACTICES for each standard, and corresponding—
- PROTOCOLS, and
- PROCESS INDICATORS

These elements are defined and described in Table 2.

TABLE 2: Definitions of Terms for Performance-Based Standards

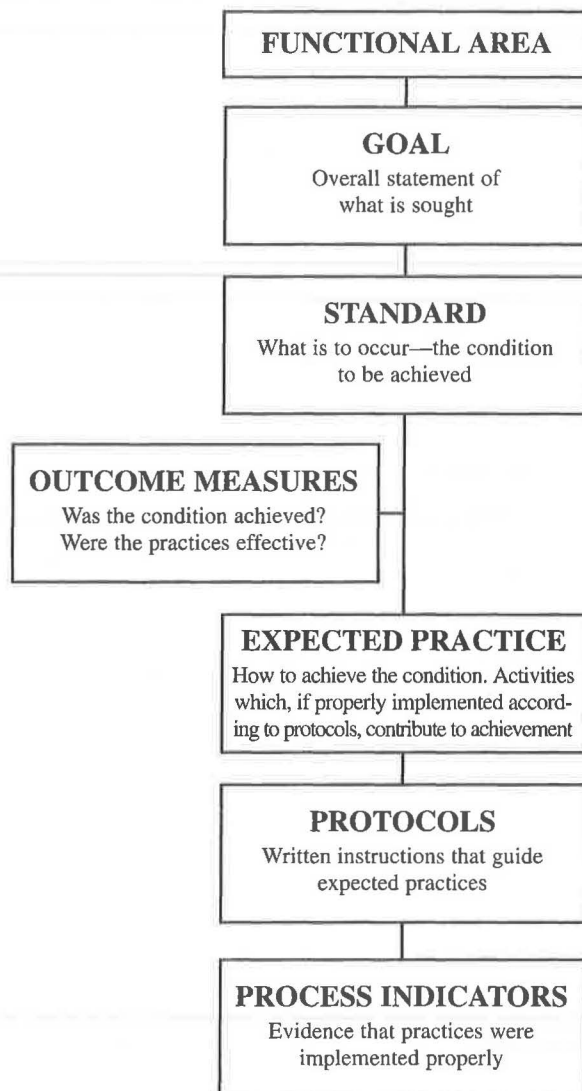
Element	Definition
Goal Statement	General statement of what is sought within the functional area
Standard	<p>A statement that clearly defines a required or essential <i>condition</i> to be achieved and maintained.</p> <p>A performance standard describes a “state of being,” a condition, and does not describe the activities or practices that might be necessary to achieve compliance. Performance standards reflect the program’s overall mission and purpose.</p>
Outcome Measure	<p>Measurable events, occurrences, conditions, behaviors or attitudes that demonstrate the extent to which the condition described in the performance standard has been achieved.</p> <p>Outcome measures describe the <i>consequences</i> of the program’s activities, rather than describing the activities themselves.</p> <p>Outcome measures can be compared <i>over time</i> to indicate changes in the conditions that are sought. Outcome measure data are collected continuously but usually are analyzed periodically.</p>

(continued)

TABLE 2: Definitions of Performance-Based Standards (continued)

Element	Definition
Expected Practice(s)	<p>Actions and activities that, if implemented properly (according to protocols), will produce the desired outcome.</p> <p>What we <i>think</i> is necessary to achieve and maintain compliance with the standard—but not necessarily the <i>only</i> way to do so.</p> <p>Activities that represent the current experience of the field, but that are not necessarily supported by research. As the field learns and evolves, so will practices.</p>
Protocol(s)	<p>Written instructions that guide implementation of expected practices, such as: policies/procedures, post orders, training curriculum, formats to be used such as logs and forms, offender handbooks, diagrams such as fire exit plans, internal inspection forms.</p>
Process Indicators	<p>Documentation and other evidence that can be examined periodically and continuously to determine that <i>practices</i> are being implemented properly.</p> <p>These “tracks” or “footprints” allow supervisory and management staff to monitor ongoing operations.</p>

The following diagram (Table 3) attempts to describe the functional relationships among the elements.

TABLE 3: Functional Relationship of Performance-Based Standards Elements

Each element is described and discussed in more detail in the following narrative.

GOAL STATEMENT

Perhaps the least-appreciated element of the template, the goal statement attempts to establish an overall purpose for the standards in the functional area.

PERFORMANCE STANDARD

A performance standard is a statement that clearly defines a required or essential *condition* to be achieved and maintained. A performance standard describes a “state of being,” a condition, and does not describe the activities or practices that might be necessary to achieve compliance. Performance standards reflect the program’s overall mission and purpose and contribute to the realization of the goal that has been articulated.

The drafters of the new standards found it difficult to articulate clear and concise standards. The closer a draft standard came to meeting the definition of a performance-based standard, the simpler it seemed to appear. In drafting the new performance-based standards, the committee was constantly fighting the urge to describe an *activity* rather than to identify the overarching purpose for the activity. During many of the working group meetings, it was common for a proposed standard to be met with the response “Why?” While often frustrating, by continuing to ask the “why” question, the drafters were able to identify basic statements of conditions that must be defined through performance standards.

Because performance standards are so fundamental and basic, it is less likely that they will require frequent revision. But as the field continues to learn from experience, it is predicted, and even hoped, that the expected practices that are prescribed to achieve compliance with standards will continue to evolve.

OUTCOME MEASURES

Outcome measures are quantifiable (measurable) events, occurrences, conditions, behaviors, or attitudes that demonstrate the extent to which the condition described in the corresponding performance standard has been achieved. Outcome measures describe the *consequences* of the organization’s activities, rather than describing the activities themselves.

Because outcome measures are quantifiable, they can be compared *over time* to indicate changes in the conditions that are sought. Measurable outcome data is collected continuously but is usually analyzed periodically. The first time you measure an outcome, you establish a point of reference. By comparing the next measurement (weeks or months later), you can identify progress, or lack of progress toward the desired outcome.

Outcome measures are distinct from the activities of a program. For example, counting the number of vaccinations given to inmates is not an outcome measure (it is a process indicator), but measuring the incidence of disease in the inmate population is an outcome measure. Giving vaccinations is an activity (practice) that we believe will improve inmate health (performance standard) that can be measured by the incidence of disease (outcome measure). Similarly, the number of inmates who were provided with substance abuse treatment would be a process indicator, where the number of inmates who pass drug screening tests would be an outcome measure. Treatment activities (practices) are provided to reduce offender substance abuse (a performance standard), which can be measured by the results of drug tests (outcome measures).

Most performance standards have several outcome measures that may be used to determine if the condition described in the standard has been achieved. Conversely, a single outcome measure might be used to ascertain compliance for more than one standard. Outcome measures look at the bigger picture, by asking “what actually happened?”

EXPECTED PRACTICES

Expected practices are actions and activities that, if implemented properly (according to protocols), will produce the desired outcome—achievement of the condition described in the standard.

Expected practices represent what the practitioners *believe* is necessary to achieve and maintain compliance with the standard—but may not be the *only* way to achieve compliance. These activities represent the best thinking of the field, supported by experience, but often are not founded on research. As conditions change and as we learn from our experience, we expect practices to evolve.

It is arguable that expected practices *should* be changed over time to reflect our growing body of knowledge and experience. On the other hand, it is likely that we will see much less change with the overarching performance standards, which are more basic and fundamental.

PROTOCOLS

Protocols are written instructions and formats that guide implementation of expected practices, such as:

- policies and procedures
- post orders
- training curriculums
- formats to be used, such as logs and forms
- diagrams such as fire exit plans
- internal inspection forms

Protocols provide a *map* to guide the proper implementation of expected practices. Protocols describe, usually in great detail, *how* to implement activities that are described in expected practices.

PROCESS INDICATORS

Process indicators can be used frequently—even continuously—to monitor activities and practices. But process indicators are not an “end” in and of themselves—they just tell if the expected practices are being implemented.

III. More About Outcome Measures and Process Indicators

Understanding the difference between outcome measures and process indicators can be difficult.

Process indicators relate directly to expected practices. Process indicators tell you if practices are consistently implemented according to protocols. For example, if an expected practice addressed the provision of substance abuse services to offenders, process indicators would establish if measured activities—such as screening, assessment, and therapy—were actually delivered to offenders but it would be the outcome measures, such as the results of drug tests, that would determine whether offender substance abuse patterns were positively affected.

Most of the process indicators referenced in this draft refer to *written documentation* that can be consulted “after the fact.” In addition to these “footprints” that are left by an organization, implementation of expected practices may be confirmed during on-site inspection activities such as observation or interviews (with staff, volunteers, offenders, others.) Good managers combine review of documentation with random observation and interviews to monitor activities.

These additional activities (observations and interviews) are also a central part of ACA’s accreditation process, comprising much of the work that is conducted on-site during audits. Accreditation participants will also recognize many of the protocols described in this manual as the “primary documentation” required by ACA as part of the accreditation process. Similarly, many of the process indicators cited are currently used as “secondary documentation” by the Commission on Accreditation for Corrections.

Observation and interview activities are usually suggested *only* when other methods are not possible and to verify the accuracy of documentation. Observation, interview, and measurement rely on an on-site “single point in time” activity, while the other methods have the ability to examine practices randomly, over a longer period of time.

Outcome measures look at the “bottom line.” Were expected practices properly implemented? Was the desired condition or state being described in the performance standard achieved?

There are three basic ways to express outcome measures:

- As **rates** (the frequency of an occurrence over time)
- As **ratios** (comparing two numbers as a fraction or decimal, such as the number of offenders diagnosed with hepatitis *divided by* the average daily population) or
- As **proportions** (the relation of a part to the whole, such as the number of offender grievances found in favor of the offender *divided by* the total number of grievances filed). A **percentage** is a proportion multiplied by 100.

You rarely will find an outcome measure that calls for simply counting an event or occurrence. We believe that outcome measures should include a numerator *and* a denominator if they are to be useful as management tools.